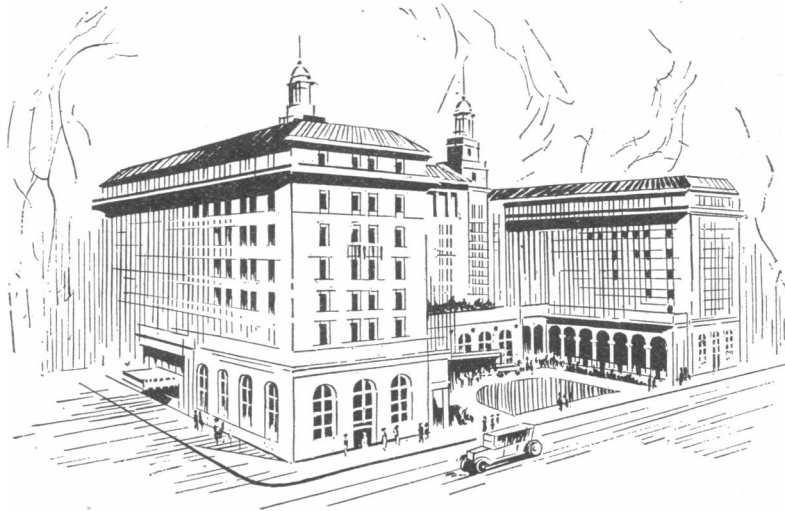


PROGRAM

THE FIFTY-FIFTH ANNUAL SESSION
OF THE CALIFORNIA MEDICAL ASSOCIATION TO BE HELD
AT OAKLAND, CALIFORNIA
APRIL 26, 27, 28, 29, 30, MAY 1, 1926



HOTEL OAKLAND
Thirteenth and Harrison Streets
Headquarters for Meeting of California Medical Association

OFFICERS AND COMMITTEES, 1926

Edward N. Ewer, Oakland, President.
William T. McArthur, Los Angeles, President-Elect.
Joseph Catton, San Francisco, Vice-President.
Emma W. Pope, San Francisco, Secretary.
W. E. Musgrave, San Francisco, Editor.
Hartley F. Peart, San Francisco, General Counsel.
Hubert T. Morrow, Los Angeles, Assistant General Counsel.
William H. Barry, Superintendent of Publications.

COUNCILORS

First District—Lyell C. Kinney, San Diego (1927)—San Diego, Riverside, San Bernardino, and Imperial Counties.

Second District—William H. Kiger, Los Angeles (1928)—Los Angeles, Santa Barbara, Ventura, and Orange Counties.

Third District—W. H. Bingaman, Salinas (1926)—San Luis Obispo and Monterey Counties.

Fourth District—Fred R. DeLappe, Modesto (1928)—Fresno, Kern, Kings, Tuolumne, Merced, Mariposa, Madera, Tulare, and Stanislaus Counties.

Fifth District—David A. Beattie, San Jose (1926)—Santa Clara, San Mateo, San Benito, and Santa Cruz Counties.

Sixth District—Walter B. Coffey, San Francisco (1926)—San Francisco County.

Seventh District—Dudley A. Smith, Oakland (1926)—Alameda, Contra Costa, San Joaquin, and Calaveras Counties.

Eighth District—James H. Parkinson, chairman, Sacramento (1928)—Sacramento, Amador, El Dorado, Alpine, Placer, Nevada, Yuba, Sutter, Sierra, Yolo, Butte, Plumas, Lassen, Mono, Inyo, Glenn, Colusa, Tehama, Shasta, Modoc, and Siskiyou Counties.

Ninth District—James H. McLeod, Santa Rosa (1926)—Marin, Sonoma, Lake, Mendocino, Solano, Napa, Del Norte, Humboldt, and Trinity Counties.

Councillors-at-Large—Robert Peers, Colfax (1928); Rene Bine, San Francisco (1926); George H. Kress, Los Angeles (1926); Harlan Shoemaker, Los Angeles (1926);

Morton R. Gibbons, San Francisco (1927); C. L. Curtiss, Redlands (1926).

DELEGATES AND ALTERNATES TO A. M. A.

Delegates—Victor G. Vecki, San Francisco (1926).
Hans Lisser, San Francisco (1926).
Albert Soland, Los Angeles (1927).
Robert V. Day, Los Angeles (1927).
Lemuel P. Adams, Oakland (1927).

Alternates—C. Van Zwahlenburg, Riverside (1926).
William E. Stevens, San Francisco (1926).
Charles D. Lockwood, Pasadena (1927).
Robert Pollock, San Diego (1927).
O. D. Hamlin, Oakland (1927).

GENERAL HEADQUARTERS, HOTEL OAKLAND

Meeting Halls—Hotel Oakland, Thirteenth and Harrison Streets, and Ebell Hall, Fourteenth and Harrison Streets

Secretary's Office—Council Room, Hotel Oakland.
Registration Desk—Hotel Parlor.
Information Offices—Registration Desk.
Publicity Committee—Hotel Oakland.
Council Room—Hotel Oakland, Room 201.

COMMITTEES

Committee on Scientific Program—Emma W. Pope, chairman; Lemuel P. Adams, Oakland (1926); F. M. Pottinger, Monrovia (1927); Joseph Catton, San Francisco (1928); J. Marion Read (1928).

Committee on Arrangements and Entertainment—Clarence A. DePuy, chairman; Lemuel P. Adams, Mark L. Emerson, J. K. Hamilton, H. B. Mehrmann, Pauline Nusbaumer, G. G. Reinle, W. H. Strietmann.

Executive Committee—Rene Bine, chairman; Morton Gibbons, acting chairman; Edward N. Ewer, William T. McArthur, Joseph Catton, James H. Parkinson, Emma W. Pope, W. E. Musgrave, Hartley F. Peart.

Auditing Committee—Rene Bine, chairman; Morton R. Gibbons.

Publicity for 1926 State Meeting—Celestine J. Sullivan.

DIAGRAM OF MEETINGS

		Ball Room	Ebell Club	Ebell Club	West Room	Rose Room	Room 101	South Room	Blue Room	Room 201	
Tuesday April 27	8-10									Council	
Wednes- day April 28	10-12:30	General Session	Report of Committees and Presidential Addresses							Council	
	2-4:30		General Medicine	General Surgery							
	2:30-5			Derma- tology	Tech Spec. Med. Soc. Workers	Urology	Neuropsy- chiatry	Anesthe- siology			
	6:00	Optional Medical Defense Dinner—Mr. M. G. Gallaher, Fresno, Speaker (Main Dining Room)									
	8-10	House of Delegates									
Thursday April 29	10-12:30	General Session	Invited Guests							Council	
	2-4:30		General Medicine	Industrial Medicine							
	2:30-5			Tech. Spec. Physio- therapists	Eye, Ear, Nose and Throat	Urology	Gynecology	Pac. Coast Anes- thetists			
	7:00	Dinner and Entertain- ment									
Friday April 30	10-12:30	General Session	Medical Economics, Education, Public Health and Hospitals							Council	
	12:30-2	Luncheon, County Officers and Councilors (Blue Room)									
	2-4:30		Pediatrics	General Surgery							
	2:30-5				Syphi- liology	Eye, Ear, Nose and Throat	Western Branch American Urological Section	Neuropsy- chiatry	Pathology		
	8-10	House of Delegates									
Saturday May 1	10-12:30		General Medicine	General Surgery						Council	
	12:30-2	Luncheon, Program Committee (Blue Room)									
	2:30-5				Derma- tology	Eye, Ear, Nose and Throat	Urology	Obstetrics			

Note: Owing to the fact that the Dining Rooms on the mezzanine floor are being used for Section Rooms, the meeting hour for Sections in 101 and in the West, South, Rose and Blue Rooms will be 2:30 p. m.

GENERAL OUTLINE OF THE MEETINGS

Pre-convention clinics will be held at Fabiola, Merritt, and Providence Hospitals on the morning of Monday, April 26, and Tuesday, April 27. Members are urged to attend these clinics, which are to be conducted by prominent invitee guests. The afternoons of these days will be devoted to golf tournaments. Section meetings will be held on all other afternoons of the week. There will be four sessions of the convention proper on Wednesday, Thursday, Friday, and Saturday.

Uniform hours for all meetings are provided for 10 a. m. to 12:30 p. m., 2:30 to 5 p. m., and 8 to 10 p. m.

The time of each meeting is shown in the diagram.

General Sessions—Three general sessions open to members and guests will be held in the Hotel Ball Room on Wednesday, Thursday, and Friday mornings. On Saturday morning, the General Surgery and General Medicine Sections will hold Section meetings in Ebell Hall.

Section on Medical Economics, Education, Public Health and Hospitals—This meeting is held under the auspices of the League for the Conservation of Public Health on Friday morning.

The Medical Society of the State of California (Optional Defense Group)—Mr. Gallaher of Fresno will speak at a dinner Wednesday evening at 6 o'clock. All members of the California Medical Association and guests are urged to attend this dinner.

The following sections will hold meetings:

Anesthesiology.
Dermatology and Syphilology.
Eye, Ear, Nose, and Throat.
General Medicine.
General Surgery.
Industrial Medicine and Surgery.
Neuropsychiatry.
Obstetrics and Gynecology.
Pathology and Bacteriology.
Pediatrics.
Urology.

Technical Specialties:

- California Association of Medical Social Workers.
- California Association of Physiotherapists.

Council Meetings

- First Meeting—Tuesday, April 27, at 8 p. m.
Second Meeting—Wednesday, April 28, at 2 p. m.
Third Meeting—Thursday, April 29, at 2 p. m.
Fourth Meeting—Friday, April 30, at 2 p. m.
Fifth Meeting—Saturday, May 1, at 2 p. m.

Meeting of the Council With the Presidents and Secretaries of Constituent Societies

All members of the Council and all presidents and secretaries and assistant secretaries of constituent societies are requested to be present at a luncheon to be held in the Blue Room, mezzanine floor, Hotel Oakland, on Friday, April 30, at 12:30.

Please make your reservation for this luncheon at the Registration Desk as early as possible.

The Program Committee request all Section Secretaries and Chairmen to make reservation at the registration desk for a luncheon to be held Saturday, May 1, in the Blue Room, Mezzanine Floor, at 12:30. Councilors and officers of the C. M. A. are also invited.

HOUSE OF DELEGATES

Membership

Councilors—First District, Lyell C. Kinney (1927); Second District, William H. Kiger (1928); Third District, W. H. Bingham (1926); Fourth District, Fred R. De Lappe (1928); Fifth District, David A. Beattie (1926); Sixth District, W. B. Coffey (1926); Seventh District, Dudley A. Smith (1926); Eighth District, James H. Parkinson (1928); Ninth District, James H. McLeod (1926).

Councilors-at-Large—Robert Peers (1928), Rene Bine (1926), George H. Kress (1926), Harlan Shoemaker (1926), Morton R. Gibbons (1927), C. L. Curtiss (1926).

Ex-Officio—President Edward N. Ewer, President-Elect William T. McArthur, Vice-President Joseph Catton.

DELEGATES	ALTERNATES
Alameda County (7)	
Daniel Crosby	F. H. Bowles
S. V. Irwin	C. T. Devine
C. L. McVey	R. A. Glenn
A. M. Meads	Channing Hall
H. B. Mehrmann	George McClure
C. H. Miller	W. B. Palamountain
Pauline S. Nusbaumer	R. T. Sutherland
Butte County (1)	
Percy L. Hamilton	Newton T. Enloe
Contra Costa County (1)	
J. M. McCullough	M. Deninger-Keser
Fresno County (2)	
Thomas F. Madden	Clinton D. Collins
Harry J. Craycroft	William G. Milholland
Glenn County (1)	
Etta S. Lund	
Humboldt County (1)	
William J. Quinn	John N. Chain
Imperial County (1)	
Eugene Le Baron	C. S. Brooks or W. W. Apple
Kern County (1)	
F. A. Hamlin	Frank J. Gundry
Lassen-Plumas County (1)	
S. M. Sproat	B. J. Lasswell
Los Angeles County (29)	
John D. Gillis	Homer S. Willson
George Piness	L. S. Welbourn
E. E. Kelly	A. E. W. Yale
J. G. Mackey	David Thomson
Percy T. Magan	E. D. Ward
V. E. Mason	W. H. Gilbert
A. W. Moore	Eleanor Seymour
A. T. Newcomb	Olga McNeille
Scott D. Gleeten	Philip Stephens
James F. Percy	Thomas Moffitt
Leroy B. Sherry	Joseph K. Swindt
C. F. Thomas	Poster K. Collins
E. C. Moore	Russell Sands
E. O. Palmer	G. A. Laubersheimer
W. B. Bowman	C. W. Cook
Harlan Shoemaker	A. E. Belt
Michael Creamer	Walter F. Wessels
Lyle G. McNeille	E. C. Fishbaugh
William Duffield	R. S. Cummings
John V. Barrow	Charles Salisbury
Robert V. Day	W. H. Bucher
C. G. Toland	T. J. Orbison
Albert Solland	William H. Daniels
Joseph M. King	Walter A. Bayley
W. W. Hutchinson	Phil Boller
Granville MacGowan	A. C. Germann
L. D. Remington	W. A. Swim
C. E. Phillips	J. C. Horton
George L. Cole	H. M. Voorhees
Marin County (1)	
H. O. Hund	C. A. De Lancey
Mendocino County (1)	
Raymond Babcock	Homer H. Wolfe
Merced County (1)	
J. L. Mudd	W. C. Cotton
Monterey County (1)	
Rollin Reeves	W. C. Yates
Napa County (1)	
Robert Crees	J. J. France
Orange County (2)	
R. A. Cushman	D. R. Ball
Harry E. Zaiser	D. C. Cowles
Placer County (1)	
H. N. Miner	R. H. Eveleth
Riverside County (1)	
C. R. Geith	T. A. Card
Sacramento County (2)	
J. B. Harris	Bert Thomas
F. N. Scatena	George J. Hall
San Benito County (1)	
R. W. O'Bannon	E. E. McKay
San Bernardino County (2)	
A. N. Donaldson	K. L. Dole
E. L. Tisinger	F. F. Abbott
San Diego County (4)	
John J. Yates	T. O. Burger
George B. Worthington	E. F. Chamberlain
Mott H. Arnold	D. R. Higbee
Martha Welpton	Lillian B. Mahan
San Francisco County (16)	
Edmund Butler	T. E. Bailly
W. E. Chamberlain	G. M. Barrett
W. R. P. Clark	Leroy Brooks
W. B. Coffey	Lloyd Bryan
W. S. Franklin	J. F. Cowan
J. H. Graves	S. H. Hurwitz

DELEGATES	ALTERNATES
T. H. Kelly	E. F. Glaser
E. S. Kilgore	A. S. Keenan
W. P. Lucas	Elizabeth Keys
A. C. Reed	Hans Lisser
F. H. Rodenbaugh	Harvard McNaught
H. A. L. Ryfkogel	A. S. Musante
I. W. Thorne	R. R. Newell
V. G. Veckl	R. G. Flood
J. H. Woolsey	O. F. Westerfeld
K. L. Schaupp	C. F. Gelston
San Joaquin County (2)	
R. T. McGurk	B. J. Powell
F. J. Conzelmann	J. J. Sippy
San Luis Obispo County (1)	
Gifford L. Sobey	
San Mateo County (1)	
Walter C. Chidester	William H. Murphy
Santa Barbara County (1)	
Henry J. Ullmann	Frank R. Nuzum
Santa Clara County (2)	
E. P. Cook	H. C. Brown
John H. Shephard	E. M. Miller
Santa Cruz County (1)	
A. F. Cowden	J. C. Farmer
Shasta County (1)	
C. H. Haake	Sherman T. White
Siskiyou County (1)	
Szabo Kalman	C. W. Ankele
Solano County (1)	
John W. Green	D. B. Park
Sonoma County (1)	
S. S. Bogle	
Stanislaus County (1)	
J. L. Hennemuth	J. W. Morgan
Tehama County (1)	
J. A. Owen	F. J. Bailey
Tulare County (1)	
Harry J. Willey	Elmo R. Zumwalt
Tuolumne County (1)	
William L. Hood	G. C. Wrigley
Ventura County (1)	
F. E. Blaisdell, Jr.	C. E. Schultz
Yolo-Colusa County (1)	
Fred R. Fairchild	W. E. Bates
Yuba-Sutter County (1)	
F. B. Lawton	A. E. Gray

FIRST MEETING OF HOUSE OF DELEGATES

Ball Room, Hotel Oakland, April 28, at 8 p. m.

Order of Business

1. Calling to Order.
2. Roll Call.
3. Report of President.
4. Appointment of the Reference Committee by the President.
5. Report of the Council, James H. Parkinson, chairman (presented before the General Sessions).
6. Report of the Committee on Scientific Program, Emma W. Pope, chairman.
7. Report of the Auditing Committee, Morton Gibbons, acting chairman.
8. Report of Secretary, Emma W. Pope.
9. Report of Editor, W. E. Musgrave.
10. Unfinished Business.
11. New Business.
12. Reading and Adoption of Minutes.

SECOND MEETING OF HOUSE OF DELEGATES

Ball Room, Hotel Oakland, April 30, at 8 p. m.

Order of Business

1. Calling to Order.
 2. Roll Call.
 3. Announcement of the Place of Meeting, 1927.
 4. Election of Officers:
 - (a) Election of President-Elect.
 - (b) Election of Vice-President.
 - (c) Election of Councilors.
- Third District**—Incumbent, W. H. Bingaman, Salinas (1926)—San Luis Obispo and Monterey Counties.
- Fifth District**—Incumbent, David A. Beattie, San Jose (1926)—Santa Clara, San Mateo, San Benito, and Santa Cruz Counties.
- Sixth District**—Incumbent, W. B. Coffey, San Francisco (1926)—San Francisco County.
- Seventh District**—Incumbent, Dudley A. Smith, Oakland (1926)—Alameda, Contra Costa, San Joaquin, and Calaveras Counties.
- Ninth District**—Incumbent, James H. McLeod, Santa Rosa (1926)—Marin, Sonoma, Lake, Men-

docino, Solano, Napa, Del Norte, Humboldt, and Trinity Counties.

Councillors-at-Large—Incumbents, Rene Bine, San Francisco (1926); George H. Kress, Los Angeles (1926); Harlan Shoemaker, Los Angeles (1926); C. L. Curtiss, Redlands (1926).

(d) Election of Member on Program Committee (four years)—Incumbent, Lemuel P. Adams, Oakland (1926).

(e) Election of Delegates and Alternates to A. M. A.—Incumbent Delegates: Victor Veckl, San Francisco (1926); Hans Lissner, San Francisco (1926); Incumbent Alternates: C. Van Zwahlenburg, Riverside (1926); William Stevens, San Francisco (1926).

5. Report of Reference Committee.
6. Presentation of President.
7. Presentation of President-Elect.
8. Reading and Adoption of Minutes.

Adjournment.

GENERAL INFORMATION

Registration and Information—The registration and information desk is located in the lobby, Hotel Oakland. All persons attending the Convention, whether members or not, are requested to register immediately on arrival. Beginning Monday, April 26, registration secretaries will be on duty daily from 9 a. m. until 5 p. m.

Guests and Visitors—All guests and visitors are requested to register. All General Sessions and scientific meetings are open to visitors and guests.

Badges—Four kinds of badges will be issued by the registration bureau.

Members—Only active, associate, affiliate or honorary members of the California Medical Association will be issued the usual membership badge.

Guest—A special badge will be issued to all fraternal delegates, visiting physicians, physiotherapists, medical social workers, nurses, and other technical specialists who are attending the meetings upon official invitation of the Association.

Delegates and Alternates—The usual official badge is provided for this purpose, and will be issued only to persons authorized to wear it.

Councillors—An official badge is provided for all members of the Council.

Membership Cards—Every member in good standing in the California Medical Association has been issued an official membership card for 1926.

Suggestions and Constructive Criticism—The officers and committees have tried to do everything possible to make the meeting a success. Suggestions and constructive criticism calculated to make future meetings more useful will be welcomed by any of the officers. Complaints of whatever character should be made to the registration desk, where they will receive attention.

Social Program—The social program is in the hands of the Entertainment Committee, and is published on the back of this program.

Press Representatives—Accredited press representatives are welcome, and they will be accorded every possible courtesy.

Publicity—All publicity is in the hands of the Publicity Committee. It is requested that all persons having matter of "news" value report it to this committee. It is particularly requested that all "news" about any phase of the Convention be given out through the official committee, and in no other way.

Exhibits—Only advertisers in California and Western Medicine are permitted to exhibit at the annual meeting. The Hotel Oakland has entire charge of the reserved space.

Rules Regarding Papers and Discussions at the State Meeting—Upon recommendation of the Executive Committee, the following rules regarding papers have been adopted by the Council:

1. The maximum time that may be consumed by any paper is fifteen minutes, provided that not to exceed ten minutes' latitude may be allowed invited guests at the discretion of the presiding chairman.

2. Motions from the floor to extend the time of an author may not be entertained by the presiding officer.

3. The maximum time permitted any individual discussant on any paper is four minutes. This also applies to the author in closing his discussion. No discussant may speak more than once upon the same subject.

4. No paper will be accepted by the General Program Committee nor by Section Program Committees unless accompanied by a synopsis of not to exceed fifty words.

5. Papers shall not be "read by title."

6. A copy of each and every paper presented at the state meeting must be in the hands of the chairman or secretary of the section or in the hands of the general secretary before the paper is presented.

7. No paper shall be read by any member of the Association at any Annual Meeting until the same has been submitted and approved by the Program Committee, and the Program Committee is authorized, if it so desires, in determining whether any paper shall be worthy of presentation, to secure the opinion of any member or members of the Association.

8. All papers read at the Annual Meeting shall be published in full in California and Western Medicine as soon after the meeting as space will permit, or at the option

of the author, an abstract of the paper of about one column in length shall be published as soon as possible after the meeting with reprints in full of the entire paper (the cost of setting up type for the reprint to be borne by the Association, and all other costs to be borne by the author).

9. No member may present more than one paper at any one state meeting, provided that members may present additional papers before Sections on Technical Specialties; and provided further, that a member may be a collaborator on more than one paper, if these papers are presented by different authors.

10. Failure on the part of an author to present a paper precludes acceptance of future papers from such author for a period of two years, unless the author explains, to the satisfaction of the Executive Committee, his inability to fulfill his obligation.

PRE-CONVENTION CLINICS

By ruling of the council, the program for the 1926 meeting includes two pre-convention days, Monday, the 26th, and Tuesday, the 27th.

On these days there will be held dry clinics in Merritt Hospital, Hawthorne and Webster streets; Providence Hospital, Broadway and Twenty-sixth street, and Fabiola Hospital, Broadway and Moss avenue. It was hoped that the new Highland Hospital would be completed in time to be used also.

These clinics are under the direction of the arrangements committee and the program committee, who have secured prominent eastern guests to conduct them.

Dr. Gabriel Tucker, Bronchoscopic Clinic, University Hospital, Philadelphia, Pa., has furnished the following titles for these clinics:

April 26—"Esophagoscopy of Cicatricial Stenosis of the Esophagus," lantern slide and moving picture demonstration.

April 27—"Bronchoscopy of Disease." Lantern slide and moving picture demonstration.

Dr. Emil G. Beck, Chicago, Ill., will also conduct clinics.

No subjects have as yet been secured for Doctor Beck's clinics.

At the second general session Dr. Gabriel Tucker will speak on "Bronchoscopic Cases of General Surgical and Medical Interest" (lantern slide demonstration). Dr. Emil G. Beck will speak on "Suggestions for Reducing the Frequency of Recurrence in Cancer, Especially of the Breast."

Dr. John de J. Pemberton, Mayo clinic, Rochester, will also conduct pre-convention clinics, and on Thursday morning will address the second general session on the "Modern Management of Exophthalmic Goiter."

Detailed programs of the pre-convention clinics will, however, appear in the San Francisco and Oakland papers.

Afternoons of these days will be devoted to golf tournaments. Section meetings are scheduled for the afternoons of all other days of the convention.

It is hoped that a large attendance of the members will be present throughout the entire week and that these clinics will be well attended. The membership is earnestly urged to plan their time that they may include these pre-convention days in their schedule.

FIRST GENERAL SESSION

EDWARD N. EWER, M. D., President,
251 Moss Avenue, Oakland.

EMMA W. POPE, M. D., Secretary,
1016 Balboa Building, San Francisco.

Ball Room, Hotel Oakland,
Wednesday, April 28, 10 a. m.

1. *Address of Welcome*—Frank Colburn, Commissioner of Public Health and Safety.

2. *President's Annual Address*—Edward N. Ewer, M. D., 251 Moss Avenue, Oakland.

3. *Address of President-Elect*—William T. McArthur, M. D., 419 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

4. *Annual Report of the Council*—James H. Parkinson, M. D., Chairman, 1601 I Street, Sacramento.

5. *Report of Arrangements Committee*—Clarence De Puy, Chairman, Oakland.

SECOND GENERAL SESSION

EDWARD N. EWER, M. D., President,

Ball Room, Hotel Oakland,

Thursday, April 29, 10 a. m.

1. *Bronchoscopic Cases of General Surgical and Medical Interest*—Lantern Slide Demonstration—Gabriel Tucker, M. D., Philadelphia, Pennsylvania.
2. *Suggestions for Reducing the Frequency of Recurrence in Cancer, Especially of the Breast*—Emil G. Beck, M. D., Chicago, Illinois.
3. *The Modern Management of Exophthalmic Goiter*—John de J. Pemberton, M. D., Mayo Clinic, Rochester.
4. *Medical Officers Reserve Corps*—Colonel E. L. Munson, Medical Corps, Presidio of San Francisco; J. Wilson Shiels, M. D., 403 Medico-Dental Building, 490 Post street, San Francisco.

THIRD GENERAL SESSION

Better Health, Medical Economics, Education,
and Hospitals

This Section is under the auspices of the League
for the Conservation of Public Health.

DUDLEY SMITH, M. D., President,
Oakland.

WILLIAM T. McARTHUR, M. D., Secretary,
Los Angeles.

Open to the public as well as to all members of the
California Medical Association.

Ball Room, Hotel Oakland,

Friday, April 30, 10 a. m.

1. *Where There are No Health Departments*—Saxton T. Rope, M. D., San Francisco.
2. *The Evolution of Preventive Medicine*—Walter V. Brem, M. D., Los Angeles.
3. *Five Hundred Words*—Celestine J. Sullivan.
4. Address by President Ray Lyman Wilbur, M. D., Stanford University: *Deficiencies of Modern Medicine*.
5. *Water—Its Relation to the Health and Progress of Big Communities* (Lantern Slide Illustrations)—M. M. O'Shaughnessy, Chief Engineer City and County of San Francisco.

ANESTHESIOLOGY SECTION

H. A. THOMPSON, M. D., Chairman,
405 Electric Building, 861 Sixth Street, San Diego.

DOROTHY A. WOOD, M. D., Secretary,
1390 Seventh Avenue, San Francisco.

Blue Room, Mezzanine Floor, Hotel Oakland,
Wednesday, April 28, 2:30 to 5 p. m.

1. *President's Address*—Harold A. Thompson, M. D., San Diego.
2. *The Evaluation of the Surgical Risk*—Dr. F. H. McMechan, Secretary General Associated Anesthetists, United States and Canada.
Newer methods used in the determination of operability, with a resultant lowered post-operative mortality.
3. *The Bad Risk and the Operating Team*—Rea Smith, M. D., 502 Medical Office Building, 1136 West Sixth Street, Los Angeles.
Evaluation of patient. Preparation, physical and psychological. Operating-room: Arrangement, temperature, and humidity. Postural comfort of patient and staff; the surgeon himself. The team—the anesthetist—the medical member of the surgical team. Charting of patient's reaction throughout, and prognosis. Immediate post-operative care.
4. *Analytical Study of Charts of Patients Who Died Post-operatively*—Dorothy Wood, M. D., 1390 Seventh Avenue, San Francisco.
Classification of operability according to: 1. Moot's

Index. 2. Froes and Declairfay's Shock Index. 3. The Energy Index. Conclusions.

5. *The Disadvantages of Adrenalin Solution in Local Anesthesia, in General Surgery*—Alanson Weeks, M. D., LeRoy Brooks, M. D., 1001 Fitzhugh Building, 384 Post Street, San Francisco.

The reasons for the use of adrenalin as a local anesthetic, with its supposed advantages. The systematic and local effects from adrenalin, with their relation to the success or failure of the local anesthetic, and to the success or failure of the wound healing. Some reasons why adrenalin is a disadvantage rather than an advantage in local anesthesia.

6. *The Effect of Morphine and Atropine on Renal Function Under Nitrous-Oxide and Oxygen Anesthesia*—Mary E. Botsford, M. D., 807 Francisco Street, San Francisco.

Inhibition of kidney function by ether. Routine omission of morphine and atropine preliminary to cystoscopy. Results of Haine and Miliken on the effect of morphine and atropine on renal function under ether anesthesia. Comparison of results under nitrous-oxide oxygen anesthesia.

PACIFIC COAST ANESTHETISTS

R. F. HASTREITER, M. D., Chairman,
Brockman Building, 520 West Seventh Street,
Los Angeles.

ELEANOR SEYMOUR, M. D., Secretary,
845 West Tenth Street, Los Angeles.

Blue Room, Mezzanine Floor, Hotel Oakland,
Thursday, April 29, 2:30 to 5 p. m.

1. *Chairman's Address*—R. F. Hastreiter, M. D., Brockman Building, 520 West Seventh Street, Los Angeles.
2. *Experiences and Methods in Dental Anesthesia*—J. F. Wilkinson, D. D. S., Melbourne, Australia.
3. *Recent Developments in the Science and Art of Anesthesia*—Frank H. McMechan, M. D., Secretary General Associated Anesthetists, Avon Lake, Ohio.
4. *Economics in the Efficient Use of Gases for Anesthesia*—Donald Baxter, M. D., 910 North Brand Boulevard, Glendale.
5. *Anesthetic Routine*—Edgar I. Leavitt, M. D., 184 Forest Side, San Francisco.
Pre-operative procedures; management of the anesthesia; types of anesthetics given; post-operative procedures.
6. *The Limitations of Nitrous-oxide Oxygen Anesthesia*—Lorruli A. Rethwilm, 2217 Webster Street, San Francisco.

In Nitrous Oxid-oxygen Anesthesia: I. The surgeon (a) must operate with feather-touch to assure a successful anesthesia; (b) will find the use of local anesthesia a help. II. The patient (a) is endangered if nitrous oxid is forced (1) in cardiac conditions; (2) in very young or very old patients. III. The anesthetist (a) must be a physician, well trained in general anesthesia; (b) must possess an intimate knowledge of the limits to which nitrous oxid can be pushed with safety.

DERMATOLOGY AND SYPHILOLOGY SECTION

MOSES SCHOLTZ, Chairman,
718 Brockman Building, 520 West Seventh Street,
Los Angeles.

SAMUEL AYRES, Secretary,
517 Westlake Professional Building,
2007 Orange Street, Los Angeles.

FIRST MEETING

Symposium on Allergic Skin Diseases

West Room, Hotel Oakland,
Wednesday, April 28, 2:30 to 5 p. m.

1. *Report of a Case of Urticaria Pigmentosa in a Young*

Adult—Merlin T. T. Maynard, M. D., 511 Twohy Building, San Jose.

Urticaria pigmentosa is considered a disease of childhood, and is rare in any case. The adult cases on record are few and worthy of report. The case reported is of a young woman. The onset of the disease was post-adolescent. The only other complaint was suggestive of chronic cholecystitis. The lesions were typical in form, reaction, and pathology. The treatment was not successful in relieving the condition.

2. *Skin Manifestations of Allergy—A Report of Some Two Hundred Cases*—George Piness, M. D., Hyman Miller, M. D., 608 Medical Office Building, 1136 West Sixth Street, Los Angeles.

A review of these skin conditions which have been identified as allergic in origin, together with the results of protein skin tests in these conditions, and a discussion of the principles and practice of protein skin testing.

3. *Some Observations on Urticarial Eruptions of the Skin*—Thomas J. Clark, M. D., 830 Oakland Bank Building, Broadway at Twelfth Street, Oakland.

The different types of urticaria. What do we know of the mechanism of production of the wheal? Are the majority of urticarias due to anaphylaxis? What is the relation of the reaction in the skin to the protection of the nervous system? Tracing out etiological factors so that we may have rational treatment.

4. *Treatment of Pruritus of Anus and Genitalia*—H. E. Alderson, M. D., 320 Medico-Dental Building, 490 Post Street, San Francisco.

Definition and discussion of terms. Etiology. Futility of depending entirely upon symptomatic treatment. The therapy must vary with the case, although there are some local measures that give temporary relief in most instances. Discussion and local treatment.

SECOND MEETING

Symposium on Syphilis

West Room, Hotel Oakland,
Friday, April 30, 2:30 p. m.

1. *The Biological Features of Syphilis*—H. P. Jacobson, M. D., 313 North Soto Street, Los Angeles.

A study of the methods of spirochaetal invasion and the significance of the various types of eruption as indicating the manner of natural defense. The influence of the skin in immunology and illustrations thereof. The biological meaning of the Wassermann reaction. Its clinical significance and limitation as a guide in the diagnosis and treatment of syphilis.

2. *The Diagnosis of Genital Lesions*—H. J. Templeton, M. D., 3115 Webster Street, Oakland.

The prognosis of syphilis is best if it is diagnosed and treated before the blood Wassermann becomes positive. Such an early diagnosis can only be made by the dark-field microscope. Dark-field examinations should be made repeatedly until the incubation period of a possible chancre has passed. All genital lesions should be suspected of being luetic until absolutely proved otherwise.

3. *Experience With the Bismuth Treatment of Syphilis*—Irwin C. Sutton, M. D., Taft Building, 1680 Vine Street, Hollywood, California.

Description of the different preparations of bismuth. Technic of their use. Mode of action of the drug. Absorption and elimination. Curative qualities of bismuth. Accidents and incidents of treatment. Therapeutic evaluation.

4. *The Management of Vascular Syphilis*—Ernest K. Stratton, M. D., 414 Medico-Dental Building, 490 Post Street, San Francisco.

The importance of keeping constantly in mind the picture of the newer pathology of syphilis. The value of routine and repeated examinations of the large vessels, as well as the other vital structures affected by the process. Therapy problems, depending on the location, duration, and type of involvement.

THIRD MEETING

West Room, Hotel Oakland,
Saturday, May 1, 2:30 p. m.

1. Chairman's Address: *Dermatology as a Medical Science, Healing Art, and Practice of Medicine*—Moses Scholtz, M. D., 718 Brockman Building, 520 West Seventh Street, Los Angeles.

Definition. Demarcation from the internal medicine. Dermatology versus general practitioner. Dermatology as a practice of medicine. Local versus systemic dermatoses. Methodology of dermatological research. Morphology of skin lesions. Its clinical significance. Skin reaction as a morphologic conception. Dermatologic diagnosis. Dermatologic pathogenesis. Dermatologic histopathology. Dermatologic prognosis. Dermatologic therapeutics. Specific dermatological problems.

2. *Endothermy in Dermatology*—Kendal Frost, M. D., 831 Pacific Mutual Building, 523 West Sixth Street, Los Angeles; G. F. Koetter, M. D., 831 Pacific Mutual Building, Los Angeles.

Endothermy (electrodesiccation and electrocoagulation) is a valuable physical method of tissue destruction. Combined with roentgen ray or radium, it forms an added measure for combating large malignancies. It is the method of choice for removing certain types of nevi, verrucae, and small epitheliomas. Chronic radium or x-ray atrophies are successfully removed by this means and more simply than by surgical excision.

3. *Relationship of the Radiologist and Dermatologist*—F. W. Howard Taylor, M. D., 307 Van Nuys Building, 210 West Seventh Street, Los Angeles.

I. Introduction: (a) Concise history of x-ray. (b) Adaptation to therapy. (c) Adoption by dermatologist. II. Uses in dermatology: (a) Enumeration of frequent conditions treated as skin cancer, ringworm, psychosis, acne, eczema and lichen planus hypertrophica, etc. (b) Abuses—faults of dermatologist—as lack of basic radiological knowledge, improper equipment, technique, records, carelessness, filtering, shielding, and fear to give sufficient dose. Faults of radiologist—as lack of diagnostic knowledge, appreciation and elimination of etiology. Failure to use other remedies, tending to overdose. III. Conclusions: X-ray is most valuable agent in dermatology. Criticism of dermatologist is that his lack of basic physical factors in the production and application of rays tends toward poor results and false impressions of the remedial properties of this agent. Criticism of the radiologist is that his lack of dermatology (etiology, diagnosis and drug therapy) limits his results and often is a factor in too prolonged radiation for the desired cure.

4. *Superficial Epitheliomata*—C. J. Lundsford, M. D., 100 Judah Street, San Francisco; L. R. Taussig, M. D., 803 Fitzhugh Building, 384 Post Street, San Francisco.

A review of the case histories of patients treated in the out-patient department of the University of California Medical School between 1920 and 1926. An analysis of about 350 cases of squamous and basal cell epitheliomata, including those of the skin, lip, tongue, and buccal mucous membrane. A description of the types of lesions encountered, the treatment rendered, and the results obtained.

EYE, EAR, NOSE, AND THROAT SECTION

WILLIAM H. DUDLEY, M. D., Chairman,
512 Brockman Building, 520 West Seventh Street,
Los Angeles.

PERCIVAL DOLMAN, M. D., Secretary,
1035 Medico-Dental Building, 490 Post Street,
San Francisco.

Rose Room, Hotel Oakland

The officers of the Eye, Ear, Nose, and Throat Section have decided to program three round-table discussions instead of the usual group of papers.

The reason for abandoning the customary program is

the meeting of the Pacific Coast Oto-Ophthalmological Society in San Francisco on Monday, April 26; Tuesday, April 27, and Wednesday, April 28. The meetings of the Eye, Ear, Nose, and Throat Section of the California Medical Association will be held on the following three days of that week—Thursday, April 29; Friday, April 30, and Saturday, May 1.

The program of the Pacific Coast Oto-Ophthalmological Society will be made up of well-selected papers of a scope paralleling our usual programs. It is believed that three days of listening to papers is about the limit of sustaining interest. The change in our program to informal round-table discussions for the last three days of the week will provide a new stimulus and be of equal educational value.

It is proposed to conduct the round-table discussions under the chairmanship of well-known men of wide experience, drawn, if possible, from the Eastern group who have been invited to attend the meeting of the Pacific Coast Oto-Ophthalmological Society.

The subjects selected for discussion and the names of the chairmen will be published later.

GENERAL MEDICINE SECTION

ROY E. THOMAS, Chairman,

403 Medical Office Building, 1136 West Sixth Street,
Los Angeles.

J. MARION READ, Secretary,

1183 Flood Building, 870 Market Street,
San Francisco.

FIRST MEETING

Ebell Hall, Fourteenth and Harrison Streets,
Wednesday, April 28, 2 to 4:30 p. m.

1. *The Use of Lipiodol in the Diagnosis of Cord Tumors*—Julian M. Wolfsohn, M. D., 1401 Medico-Dental Building, San Francisco; Edmund J. Morrissey, M. D., 201 Medical Building, 909 Hyde Street, San Francisco.

This report is based on the detailed examination of two cases diagnosed as lesion of the cauda equina, confirmed by the intrathecal injection of lipiodol, and verified by operation. History of long-standing symptoms the outstanding feature. Plea for earlier recognition of these cases.

2. *Recent Developments in Pernicious Anemia, With Especial Reference to the Blood Serum*—Arthur E. Mark, M. D., 712 Taft Building, 1680 Vine Street, Hollywood.

Recent advances in pernicious anemia have centered around its accompanying symptomatology and findings. The glossitis achlorhydria, as well as subacute combined sclerosis in 80 per cent of cases, presents a large field for speculation and investigation. The above plus other findings, as the increase in the average size of the red cells with a resulting increased volume index; the demonstration of the bacillus of Welch in the stools; evidence of hemolysis, as manifested by the positive indirect Van den Bergh; the color of the blood serum, etc., all aid materially in the diagnosis.

3. *The Emetin Treatment of Chronic Arthritis*—Leonard W. Ely, M. D., Stanford University Hospital, Clay and Webster Streets, San Francisco.

Résumé of the cases treated in the Stanford orthopedic clinic, and in private practice. Results. Types of cases in which emetin is indicated. Methods of administration. Dangers.

4. *Primary Carcinoma of the Lung—Report of Two Cases*—Julius Sherman, M. D., 616 Union Square Building, 350 Post Street, San Francisco.

Two cases observed in private practice are reported. Both were operated upon, confirming the diagnosis; lobectomy done in one case. Occurrence, etiology, pathological anatomy, symptoms, and diagnosis will be considered briefly.

5. *Treatment of Obesity*—H. C. Shepardson, M. D., 204

Fitzhugh Building, 384 Post Street, San Francisco; R. Emmett Allen, M. D., University of California Medical School.

Different types of obesity are known. Metabolism of obesity is different from normal metabolism, and the basal caloric requirements are lower than is usually assumed. No loss of weight occurs when some cases are on lowest caloric intake compatible with health. Glandular therapy will further reduce weight in many cases. Many obese individuals show various evidences of endocrine dyscrasia. There may be a change in body form without proportional weight change.

Note—Immediately following the sessions on Wednesday and Thursday afternoons, there will be a demonstration of heart murmurs by use of the electrical stethoscope. The instrument will be set up in the meeting room of the Medical Section, and demonstrated by Doctors William J. Kerr, J. J. Sampson, and R. L. McCalla.

SECOND MEETING

Ebell Hall, Fourteenth and Harrison Streets,
Thursday, April 29, 2 to 4:30 p. m.

1. *Ketogenic Diets for Epileptics*—D. Schuyler Pulford, M. D., Woodland Clinic, Woodland.

The subject will be discussed under the following heads: (1) Charts and molecular formulae great aid in calculating ketogenic diets. (2) Normal nutrition and mental development of child unimpaired. (3) Samples of Threshold and Ketogenic Diets and necessary adjuncts to the diets. (4) Reasons for failure. (5) Review of literature and case reports.

2. *An Analysis of Heart Murmurs*—J. J. Sampson, M. D., University of California; R. L. McCalla, M. D., University of California Medical School.

Graphic records of heart sounds and murmurs are valuable clinically, in that they provide: (1) Permanent impersonal means of comparison with subsequent observation; and (2) a method of accurately placing the time and pitch of sounds or phases of murmurs which occasionally establishes the existence of otherwise doubtful sound vibrations. Previous methods of phonocardiography were of less value than the one here employed, because the low frequency of the string vibration caused loss of detail, and sound filtration and amplification was not used.

3. *The Use of Theobromine for Pain of Arteriosclerotic Origin*—William Dock, M. D. (by invitation).

A summary of the history of the use of the drug, the extent to which this is recognized in present literature, and the pharmacologic basis for its use in angina pectoris. A discussion of the types of angina, with reference to anticipating which cases should be benefited by the drug. The significance in prognosis of relief of pain by theobromine. Selection of cases, case histories, and method of administration.

4. *Diabetic Coma Treated by Insulin*—William H. Leake, M. D., Taft Building, 1680 Vine Street, Hollywood.

This paper is based upon a series of cases of diabetic coma treated with insulin at the Los Angeles General Hospital. Many of these patients were moribund on admission, while others showed severe complications. Several patients died after regaining consciousness; the cause of death was probably of cardiac origin. Graphic charts of selected cases showing the effects of large doses of insulin on the blood sugar in diabetic coma.

5. *Comparison of the Glucose and Starch Tolerance in Normal and Diabetic Individuals*—Hobart Rogers, M. D., and Albert H. Rowe, M. D., 242 Moss Avenue, Oakland.

This paper presents a review of the literature relating to carbohydrate tolerance tests and presents the findings of an original investigation in which curves obtained following a standard starch meal are compared with those obtained following a stand-

ard glucose meal in the same normal people, non-diabetic and diabetic patients. The authors' conclusions regarding carbohydrate tolerance tests are presented.

THIRD MEETING

Ebell Hall, Fourteenth and Harrison Streets,

Saturday, May 1, 10 to 12:30 a. m.

1. *Our Present Conception of Essential Hypertension—Chairman's Address*—Roy E. Thomas, M. D., Los Angeles.

2. *Glimpses of Sir William Osler, the Man*—Edgar Lorrington Gilcreest, M. D., 315 Fitzhugh Building, 384 Post Street, San Francisco.

Intimate glimpses of the personal and human side of Sir William Osler during the war. Ward rounds and luncheons with him. His brilliant conversation, sparkling with humor and wit. Reference to the Carnegie Fund for Professors and to Rockefeller's interest in medical science. Osler is an ardent bibliophile. His wonderful collection of the masters of medicine. His talks on the history of medicine. His quickness to grasp a situation and to penetrate character. His claim to remembrance.

3. *Acute Leukemia and Agranulocytic Angina Associated With or Following the Removal of Teeth—Report of Four Cases*—Harold P. Hill, M. D., 501 Fitzhugh Building, 384 Post Street, San Francisco.

Case I and II, showing clinical acute leukemia. One autopsy report. Case III, clinical course and blood picture of an agranulocytic angina. Case IV, showing a variable blood picture; at first that of an agranulocytic type followed by a marked polymorphonuclear leucocytosis.

4. *Tricuspid Disease*—William J. Kerr, M. D., University of California; L. F. Morrison, University of California.

Relative tricuspid insufficiency is commonly associated with dilatation of the right heart. Organic tricuspid valve disease is seldom recognized clinically, although the incidence is higher than textbooks would indicate. The long-standing disability, cyanosis, dyspnoea, localized murmurs and venous disturbances should suggest the diagnosis in the presence of rheumatic heart disease. The spleen is frequently palpable. The x-ray shadow of the heart is usually triangular. Report of cases.

5. *Poisonous Spider-bites*—George D. Maner and Emil Bogen, M. D., 1100 Mission Road, Los Angeles.

Fifteen patients bitten by the "black widow," a poisonous spider, have been treated at the Los Angeles General Hospital. A review of over three hundred published articles shows that similar cases have been known in every part of the earth. More than a hundred cases have been reported from California alone. The symptoms closely simulate an acute abdominal disease. A number of deaths have been ascribed to this cause. A curative serum is being tried out in Los Angeles. Experimental work on the spider venom and its action on animals is described. A motion picture illustrating the "black widow" is presented.

6. *The Increasing Clinical Importance of Lactic Acid*—George D. Barnett, M. D., Stanford University Medical School.

Historical and chemical aspects of lactic acid. Early clinical observations. Role of lactic acid in carbohydrate metabolism and muscular contraction. Effects of athletic training. Lactic acidosis and cardiac dyspnea. Respiration of normal and malignant tissues. Lactic acid in exudates and transudates. Cerebrospinal fluids. The future.

GENERAL SURGERY SECTION

THOMAS O. BURGER, M. D., Chairman,
1200 National Bank Building, 1007 Fifth Street,
San Diego.

JOHN HOMER WOOLSEY, M. D., Secretary,
907 Medico-Dental Building, 490 Post Street,
San Francisco.

FIRST MEETING

Ebell Hall, Fourteenth and Harrison Streets,
Wednesday, April 28, 2 p. m.

1. *Chairman's Address*—Thomas O. Burger, M. D., 1200 First National Bank Building, 1007 Fifth Street, San Diego.

2. *Perinephritic Abscess*—Sumner Everingham, M. D., 203 Medical Building, Oakland.

The relation to preceding pyogenic infections, the involvement of the kidney, the points for diagnosis, and the treatment, both local and general.

3. *Perinephritic Abscess, Following Peripheral Infection*—Anders Peterson, M. D., 810 Medical Office Building, 1136 West Sixth Street, Los Angeles.

A paper concerning the avenues of infection, the question of the involvement of the kidney in the absence of urinary findings; the symptomatology and differential diagnosis; the surgical approach, and a report of cases.

4. *Thyroglossal Duct Cysts (Lantern Slides)*—John Hunt Shephard, San Jose.

Thyroglossal duct cysts arise from a developmental defect, have certain definite anatomical relationships, and for a cure must have a complete removal of all epithelial tissue throughout the tract.

5. *Dislocations of the Outer End of the Clavicle*—John Dunlop, M. D., 803 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

A review of dislocations of the outer end of the clavicle with reference to the manner of production of such dislocations, the anatomy of the acromioclavicular joint, the pathology of the dislocation, the usual methods of treatment, the recent suggestions of treatment, and treatment based upon the anatomical repair.

SECOND MEETING

Ebell Hall, Fourteenth and Harrison Streets,

Friday, April 30, 2 p. m.

1. *The Hydro-mechanics in Acute Appendicitis (Lantern Slides)*—C. Van Zwahlenburg, M. D., Cornelius Glenwood Building, Riverside.

Acute appendicitis is caused by a narrowing in the lumen of the appendix, a lodgement of a fecal plug or fecolith behind this constriction, a distension of the appendix beyond this point, an arrest of the circulation in the mucosa, submucosa, and eventually in the wall from hydraulic pressure, and consequently infection from organisms is always present.

2. *Abdominal Drainage*—J. C. Robertson, M. D., 1003 Twelfth Street, Modesto, California.

The general trend of abdominal drainage is becoming extremely conservative. Rowlands and Fagge of London, DuVall of Paris, and Pfister of Vienna are all advocating little or no abdominal drainage. The four sources of infection into the peritoneal cavity are: (1) The stomach and pylorus. (2) Gallbladder. (3) Acute appendicitis. (4) Tubal infection. These will be dealt with separately, as to methods of drainage.

3. *Perforated Duodenal Ulcer*—Charles T. Sturgeon, M. D., 509 Medical Office Building, 1136 West Sixth Street, Los Angeles.

Perforated duodenal ulcer will be discussed according to the following points: (a) Early diagnosis. (b) Type of operation indicated. (c) Is an ulcer healed by perforation? (d) When should drainage be employed? (e) The post-operative care.

4. *Diagnosis and Treatment of Echinococcus Cysts of the*

Liver—Lucius W. Hotchkiss, M. D., 22 West Micheltorena Street, Santa Barbara.

A résumé of the cause, symptomatology, complication, and surgical treatment. A report of a case of infected cyst with unusual features.

5. *The Use of the Tubed Pedicle Flap in Plastic Surgery* (Lantern Slides)—George Warren Pierce, M. D., 720 Medico-Dental Building, 490 Post Street, San Francisco.

A description of the technic of making a tubed pedicle and illustration of the various advantages and use of this specialized flap. Report of several cases. Illustrated with lantern slides and moving pictures.

THIRD MEETING

Ebell Hall, Fourteenth and Harrison Streets,
Saturday, May 1, 10 a. m.

1. Election of Officers and Transaction of Section Business.
2. *The Surgical Risks in Intracranial and Spinal Surgery*—Howard C. Naffziger, M. D., 419 Fitzhugh Building, 384 Post Street, San Francisco.

Brain tumors, with special reference to risks, depending on various pathological types of growth, and risks depending on location of growth. Tic douloureux. Spinal cord lesions. The role of anesthesia in surgical mortality.

3. *The Treatment of Empyema* (Lantern Slides)—E. Eric Larson, Woodland Clinic, Woodland.

The employment of the closed or open method, dependent upon the type of bacteria found. The value of lipiodol to demonstrate the cause of persistent drainage in empyema. Report of a constant suction apparatus to keep the cavity by closed drainage continuously collapsed.

4. *Bronchiectasis—Its Diagnosis by Lipiodol Injection* (Lantern Slides)—Harold Brunn, M. D., 1001 Fitzhugh Building, 384 Post Street, San Francisco.

Lipiodol—its formula and methods of administration for diagnosing lung conditions. The advantage over other methods. A series of case reports of bronchiectasis with lantern slides, both before and after the use of lipiodol.

INDUSTRIAL MEDICINE AND SURGERY SECTION

FRED R. FAIRCHILD, Chairman,
Woodland Clinic, Woodland.

C. E. VON GELDERN, Secretary,
1010 Forum Building, Sacramento.

Ebell Hall, Fourteenth and Harrison Streets,
Thursday, April 29, 2 to 4:30 p. m.

1. Business Meeting.

NEUROPSYCHIATRY SECTION

JOSEPH CATTON, M. D., Chairman,
609 Howard Building, 209 Post Street,
San Francisco.

CARL W. RAND, M. D., Secretary,
1034 Pacific Mutual Building, 523 West Sixth Street,
Los Angeles.

FIRST MEETING

South Room, Hotel Oakland
Wednesday, April 28, 2 p. m.

1. Chairman's Address: *A Practical Clinical Psychology*—Joseph Catton, M. D., 209 Post Street, San Francisco.
2. *Some Practical Considerations in the Treatment of Delirium Tremens*—Nathaniel H. Brush, M. D., 193 Micheltorena Street, Santa Barbara.

In the treatment of delirium tremens there are certain practical points which may be overlooked, such as nursing, therapeutic measures, including hydro-

therapy, and particularly the proper use of sedatives.

The injudicious application of restraint, the careless administration of hypnotics, the neglect of other essentials may lead to disastrous consequences.

3. *The Colloidal Gold Reaction—Its Every-day Clinical Uses*—Henry C. Mehrtens, M. D., Stanford University Hospital, San Francisco.

1. Its diagnostic importance in neurosyphilis, encephalitis, combined sclerosis, apoplexies, and in cord irritations secondary to transient infections. 2. Its usefulness in determining prognosis in neurosyphilis and other inflammatory conditions of the meninges.

4. *Ramisection in Spastic Paralysis—Report of a Series of Ramisections*—Steele F. Stewart, M. D., 2007 Wilshire Boulevard, Los Angeles.

A brief résumé of the duality of muscle anatomy and physiology, the technic used, and a study of the results in a series of about twenty-five operations. Necessity for careful selection of cases and a careful post-operative study.

SECOND MEETING

South Room, Hotel Oakland

Friday, April 30, 2 to 4:30 p. m.

1. *Treatment of Brain Abscess*—Howard W. Fleming, M. D., 384 Post Street, San Francisco.

Frequency. Etiological factors. Pathology. Clinical Causes. Diagnostic difficulties. Surgical methods employed. Post-operative complications. Sequelae. Lantern slides.

2. *Late Paralysis of the Ulna Nerve*—Charles L. Tranter, M. D., 209 Post Street, San Francisco.

Two cases showing free interval of twenty-five and eleven years, respectively, between injury and first appearance of symptoms. Cases showing cubitus valgus following fracture of the external condyle in childhood may develop late ulnar paralysis. Improvement after transposition of the nerve to a position anterior to internal condyle. Lantern slides.

3. *Psychiatry's Part in Medicine*—Robert Lewis Richards, M. D., 409 Fitzhugh Building, 384 Post Street, San Francisco.

1. Growth and management of the mental side of individuals.

2. Certain epochal mental growth problems.

3. Needs of mental medical education if logical.

4. Relations to medical treatment in general.

5. Treatment of special mental conditions by psychiatry as meeting the last demand on medicine.

4. *Neuro-otological Studies in Syphilis*—Fred H. Linthicum, M. D., 523 West Sixth Street, Los Angeles.

For the past five years, with material obtained in the neuro-otological clinics of the Los Angeles General Hospital and the Children's Hospital, groups of syphilitics have been studied from the standpoint of impairment of function of the inner ear, the eighth nerve, and its ramifications.

OBSTETRICS AND GYNECOLOGY SECTION

JOHN W. SHERRICK, Chairman,
350 Twenty-ninth Street, Oakland.

JOHN A. SPERRY, Secretary,
903 Medico-Dental Building, 490 Post Street,
San Francisco.

FIRST MEETING

South Room, Hotel Oakland

Thursday, April 29, 2:30 to 5 p. m.

1. *Undiagnosed Pain in the Lower Abdomen Due to Stricture of the Ureter*—Lewis Michelson, M. D., 434 Medico-Dental Building, 490 Post Street, San Francisco.

Discussed by W. W. Cross, M. D., Oakland.

(a) Its importance in gynecological diagnosis and treatment. (b) Stricture of the ureter is much more common than supposed. The minor cases are commonest and those not recognized. Often mistaken

for other abdominal diseases, and as a result many unnecessary operations are performed. (c) Diagnosis and treatment.

2. *Caesarean Section in Obstructed Pelves*—T. Henshaw Kelly, M. D., 835 Medico-Dental Building, San Francisco; Reginald Knight Smith, M. D., 830 Medico-Dental Building, 490 Post Street, San Francisco.

In obstructed pelvis the problem is the delivery of the child with the least risk to its mother and itself. The majority of contracted pelvis permit delivery through the natural passages, by spontaneous or assisted delivery, but in a certain number of patients the head remains floating after hard pains have begun. Dilation of the cervix in the presence of a floating head is usually slow, and it is often the custom to allow full dilation before considering any interference. The mortality in mothers and children in high forceps application is not inconsiderable, and the application of forceps to a floating head is not to be thought of. It is not always possible to permit full cervical dilation before the beginning of maternal exhaustion, and if Caesarean section is used in patients of this type as an operation of choice, and not as a last resort, its mortality is reduced to a very low figure. The mortality of Caesarean section is not inherent in the operation itself, but is usually the result of its ill-considered use. If the operation is used properly and early enough in contracted and obstructed pelvis, its mortality should be lower than that of any other attempted method of delivery. A study of a series of cases is presented to develop the point.

3. *Rectal Analgesia in Obstetrics*—Lyle G. McNeile, M. D., 1021 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

History of efforts to relieve pain during labor. Advantages and disadvantages of inhalation analgesia during labor. Scopolamine morphine analgesia, its advantages and disadvantages. Outline of work of Gwathmey on rectal analgesia in obstetrics through the instillation of some ether oil combination by rectum. Use of morphine and magnesium sulphate solution by hypodermic in conjunction with rectal instillation. Use of certain other drugs by hypodermic to increase the effect of rectal instillation. Detailed technique. End results.

SECOND MEETING

South Room, Hotel Oakland

Saturday, May 1, 2:30 to 5 p. m.

1. Chairman's Address: *The Physiology and Minor Pathology of the Functioning Breast*—John W. Sherrick, M. D., 350 Twenty-ninth Street, Oakland.

A résumé of our present ideas of the physiology of the breast, its care in the prenatal period and during lactation, with suggestions as to how best to maintain an active secretion and to anticipate and deal with some of the more common lesions arising during this active period. Some of the more common benign pathological lesions will be discussed.

2. *The Kielland Forceps*—Sterling N. Pierce, M. D., 1200 South Alvarado Street, Los Angeles.

The forceps were invented by Christian Kielland in 1908, but were not introduced to the profession until 1915, at a meeting of the Munich Gynecological Society. A description of the forceps will follow, together with a description of the various methods of application. A brief review of the German literature will serve to show how the leading obstetricians are disposed toward the Kielland instrument. American writers will also be quoted, but few, however, in this country have had any experience with these new forceps. Report of about fifty cases, five in some detail; personal experience with the forceps will be drawn on. The Kielland forceps compete with various other obstetrical procedures in handling occiput posterior and high transverse positions, viz.: Scanzoni maneuver; manual rotation and application of Simpson instruments; internal podalic version and extraction; cervical Caesarean section. These forceps, I believe, are much safer for the

baby, because the blades are always applied in the by-parietal diameter, regardless of the direction of the sagittal suture. The instrument, when once applied, rarely needs adjusting, and the mechanism of labor can be more easily imitated with the Kielland forceps.

3. *History of a Case of Inversion of the Uterus*—Henry Newton Shaw, M. D., 901 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

1. Etiology. 2. Diagnosis. 3. Treatment. 4. Prognosis. 5. Conclusions: Very small number of pregnancies have occurred following operations for re-inversion of the uterus. Hysterotomy performed in infected tissue leaves a scar which could not be depended upon in subsequent pregnancies. These facts, in conjunction with the high fever and very serious evidences of absorption phenomena following the conservation operations, lead us to believe that vaginal hysterectomy should be performed more often than at present.

PATHOLOGY AND BACTERIOLOGY SECTION

F. R. NUZUM, M. D., Chairman,
Cottage Hospital, Santa Barbara.

ROY W. HAMMACK, M. D., Secretary.
523 West Sixth Street, Los Angeles.

Blue Room, Mezzanine Floor, Hotel Oakland,
Friday, April 30, 2:30 to 5 p. m.

1. Chairman's Address and Secretary's Report.

2. *Quantitative Examination of Albumin in Urine*—A. M. Moody, M. D., St. Francis Hospital, San Francisco.
This report will consist of brief discussion of various methods used in the quantitative determination of albumin in urine and the details of a simplified technic.

3. *The Experimental Production of Arteriosclerosis*—F. R. Nuzum, M. D., Santa Barbara Cottage Hospital, Santa Barbara.

There is great diversity of opinion concerning the etiological factors of increased blood pressure and arteriosclerosis. Stress is being laid, at the present time, on excessive protein in the dietary. Our work has been concerned with the acid radicals of the excessive protein.

We have carried feeding experiments on rabbits through a period of two years, recording the blood pressure and the urine and blood chemistry. At the end of this time careful histological study has been made as to changes in the cardio-vascular renal system. We have succeeded in producing an increased blood pressure, a clinical nephritis, marked sclerosis of the aorta and of the vessels of the kidneys.

4. *The Action of Spider Poison—An Experimental Study*—Emil Bogen, M. D., Los Angeles General Hospital, Los Angeles.

Recorded studies of the venom of spiders are highly contradictory and incomplete. The striking effects of the bite of the *Latrodectus Mactans* or "black widow" spider, as observed in patients at the Los Angeles General Hospital, suggested the need for further research. Experiments in vitro have so far been negative. Experiments performed on various animals have given surprising results. Tentative conclusions and applications to therapy are discussed.

5. *Chronic Appendicitis*—A pathological study of three hundred consecutive cases from the records of the White Memorial Hospital, Los Angeles—H. E. Butka, M. D., White Memorial Hospital, Los Angeles.

Numerous papers written in recent years regarding chronic appendicitis serve to confuse. Such questions are being asked: "Is chronic appendicitis a myth?" Such statements as this, "There are two types of appendicitis, acute appendicitis, and appendicitis for revenue only," are frequent.

The present paper presents a study of some three hundred cases from pathologists' viewpoint, and

includes all consecutive cases except the acute purulent and gangrenous types of appendicitis.

An attempt is made to group the cases as follows:

1. Operated for chronic appendicitis.
2. Operated for hernia—appendix removed secondarily.
3. Operated for pelvic tumors—appendix removed secondarily.
4. Operated for pus tubes—appendix removed secondarily.
5. Operated for gall-bladder conditions—appendix removed secondarily.

An analysis is made of these cases and conclusions drawn.

6. *The Relationship Between the Clinician and the Clinical Laboratory in a Standardized Hospital*—Roy Stevenson, M. D., Electric Building, San Diego.

Standardized methods of procedure to be outlined by supervision of laboratory; and not various modifications preferred by clinician. A comprehensive requisition of clinical data for work desired which enables better team work between pathologist and clinician. A system of laboratory fees, satisfactory to the clinico-pathologist, but not embarrassing the amount of work done for the best interest of the patient. Routine work required and specialized procedures. Record system—staff conferences for discussion of ante and post-mortem pathological conditions in relation to the living and normal. Securing the greater percentage of necropsies.

PEDIATRICS SECTION

C. D. SWEET, M. D., Chairman,
242 Moss Avenue, Oakland.

ANDREW J. THORNTON, M. D., Secretary,
405 Electric Building, 861 Sixth Street,
San Diego.

Ebell Hall, Fourteenth and Harrison Streets,
Friday, April 30, 2 to 4:30 p. m.

1. Chairman's Address: *The Postural Development of Infants, With Special Reference to the Development of the Function of Walking and Proper Shoeing*—C. D. Sweet, M. D., 242 Moss Avenue, Oakland.

Posture of the greatest importance to general health. With but few exceptions, the posture of normal infants is good. Later in childhood faulty posture is very common. Factors which cause this change: (a) Heredity. (b) Nutrition. (c) External forces, such as shoes, clothing, etc. If body is permitted to develop its mechanical resources, posture will be greatly improved. Normal body mechanics of walking will be illustrated.

2. *The Practical Value of the Intracutaneous Tuberculin Test*—Roland T. Seitz, M. D., Stanford Hospital, Clay and Webster Streets, San Francisco.

The intracutaneous tuberculin test was performed as a routine on about five hundred clinic children. The results of this test have been correlated with the histories, physical examinations, and roentgenograms of the chest. The local incidence of tuberculosis infection, so determined, is compared with that elsewhere.

3. *Review of Diabetes Cases in Children*—Francis Scott Smyth, University of California Hospital, San Francisco.

Study of diabetes mellitus cases admitted to the pediatrics ward of the University of California Hospital. Discussion of statistics of sex, age, onset, primary symptoms, predisposing causes, methods of treatment, and prognosis. Results of recent cases treated with insulin. Evaluation of diet and insulin as methods of treatment in children.

4. *Cleft Palate and Lip*—John Homer Woolsey, M. D., 907 Medico-Dental Building, San Francisco.

The importance of early treatment, based on the anatomical condition. The development, with growth and the physical effect on parents and friends. The need and value of post-operative instruction in phonation.

5. *Children's Dentistry*—Charles A. Sweet, D. D. S., Oakland (by invitation).

This paper will be an endeavor to bring to the

attention of the physician the possibilities of preventive dentistry, with a résumé of some of the late dental research and its practical application. Several cases will be exhibited and discussed which will be of special interest to the physician.

UROLOGY SECTION

MILEY B. WESSON, Chairman,
1275 Flood Building, 870 Market Street,
San Francisco.

H. A. ROSENKRANZ, Secretary,
1024 W. P. Story Building, 610 South Broadway,
Los Angeles.

FIRST MEETING

Room 101, Hotel Oakland,
Wednesday, April 26, 2 to 5 p. m.

1. Chairman's Address: *The Clinical Importance of Colles' and Buck's Fascia*—Miley B. Wesson, M. D., 1275 Flood Building, 870 Market Street, San Francisco.

This study is based upon four cases: Traumatic rupture of a varicocele with hemorrhage that was inclosed within Colles' fascia; three cases of abscessed glands of Littre, with urinary extravasation in Buck's fascia. The report supplements a previous investigation of the fascia of the urogenital triangle from the embryological, anatomical, and experimental viewpoints.

Discussion opened by R. V. Day, M. D., Detwiler Building, Los Angeles; F. S. Dillingham, M. D., 548 South Spring Street, Los Angeles.

2. *The Female Urethra*—William E. Stevens, M. D., 602 Flood Building, 870 Market Street, San Francisco.

Frequency with which urethral lesions are responsible for urinary symptoms. Anatomy of the female urethra and its relationship to pathological conditions. Examination of the urethra. Types and relative frequency of lesions encountered. Interesting cases under recent observation.

Discussion opened by Nathan G. Hale, M. D., Capital National Bank Building, Sacramento; Anders Peterson, M. D., 1136 West Sixth Street, Los Angeles.

3. *The Present-day Status of the Treatment of Sexual Impotence*—Victor G. Vecki, M. D., 301 Physicians Building, 516 Sutter Street, San Francisco.

Sexual impotence is not a special disease, but only a symptom of some or various pathological changes in the individual bodily system; each patient's bodily condition, family and personal history must be thoroughly examined and investigated; there is no medicine, no injection, no local proceeding, surgical operation or transplantation indicated in all, not even in most cases. The regulation of the sexual life is always imperative, and a function as important as the sexual function cannot be eliminated without impairing the function bearer.

Discussion opened by R. V. Day, M. D., Detwiler Building, Los Angeles; H. A. Rosenkranz, M. D., Story Building, Los Angeles; Melville Silverberg, M. D., 209 Post Street, San Francisco.

4. *Movable Kidney With Kink or Angulation Versus Ureteral Stricture*—Frank Hinman, M. D., F. A. C. S., 603-9 Fitzhugh Building, 384 Post Street, San Francisco; Morrell E. Vecki, M. D., and Clark M. Johnson, M. D., Department of Urology, University of California Medical School, San Francisco.

A comparative analysis of 232 cases of movable kidney with angulation or kink, and of 102 cases of ureteral stricture with reference to symptomatology and back pressure effects of the two conditions in the production of hydronephrosis (206 cases), and other factors that have been noted as causing supravescical hydronephrosis. Discussion of the inherent conditions that cause marked variation in such comparative studies; variability of recognition of acquired and congenital factors; of primary and secondary factors and of upper and lower tract conditions; variability in individual interpretation of the above findings; in the peculiarities of individual

practice and in individual methods of examination. The need of standardization of methods in order that the above conditions may be more accurately understood and properly treated.

Discussion opened by Charles P. Mathé, M. D., 844 Phelan Building, San Francisco; S. E. DePuy, M. D., Dalziel Building, Oakland.

SECOND MEETING

Room 101, Hotel Oakland,
Thursday, April 29, 2 to 5 p. m.

1. *Some New History and Examination Forms*—H. A. Rosenkranz, M. D., 1024 W. P. Story Building, 610 South Broadway, Los Angeles.
Discussion opened by R. L. Rigdon, M. D., 291 Geary Street, San Francisco; James R. Dillon, M. D., 490 Post Street, San Francisco.

2. *Hemorrhage in Urology*—Paul A. Ferrier, M. D., 65 North Madison Avenue, Pasadena, California.

Necessity of mastery of hemostasis; principles governing clotting; pathologic states affecting it; measures to restore it; calcium; sodium citrate; foreign albumins; coagulents; subcutaneous blood; transfusion. Adaptation of local methods of hemostasis to special urological problems; caustics; diathermy, radiations; spontaneous hemorrhage; surgical urological hemostasis; special operations.

Discussion opened by James R. Dillon, M. D., 490 Post Street, San Francisco; W. W. Cross, M. D., Dalziel Building, Oakland.

3. *Mortality and Histology in Cases of Renal, Vesical, and Prostatic Tumors*—A. J. Scholl, M. D., 721 Pacific Mutual Building, 523 West Sixth Street, Los Angeles.

Malignant tumors of the kidney, bladder, and prostate have constant, histologic characteristics that vary within certain limits for each organ. The correlation of these histologic variations with the post-operative results give a comparatively accurate index, which may be of value in determining the prognosis of similar cases. The histologic structure of the different types of tumors will be shown with lantern slides.

Discussion opened by Thomas E. Gibson, M. D., Flood Building, San Francisco; Elmer Bekt, M. D., Pacific Mutual Building, Los Angeles.

4. *Analysis of Deaths Following Suprapubic Prostatectomy*—Albert M. Meads, M. D., 251 Moss Avenue, Oakland.

The great reduction in mortality following suprapubic prostatectomy in the last few years and the occasional report of a large series of cases without a death should stimulate all of us to analyze our mortality. Optimistic reports should not make us forget that there is a mortality following prostatectomy. The twenty cases studied have been viewed as to cause of death, and suggestions have been made as to eliminate such causes in the future.

Discussion opened by R. S. Rigdon, M. D., 291 Geary Street, San Francisco; George W. Hartman, M. D., 999 Hyde Street, San Francisco.

THIRD MEETING

Room 101, Hotel Oakland,
Saturday, May 1, 2 to 5 p. m.

1. *Urinary Antiseptics*—George G. Reinle, M. D., 204 Dalziel Building, 532 Fifteenth Street, Oakland.

The search for practical urinary antiseptics is an old and as yet unsolved problem; consideration of various drugs and therapeutic measures tried today; what antiseptics are supposed to accomplish; oral, intravenous, and intra-ureteral medication, vaccines, and the place of each. Mechanical and other reasons as to why it does not seem probable any one therapeutic procedure will ever be sufficient to accomplish sterilization of the urinary tract.

Discussion opened by George L. Eaton, M. D., 909 Hyde Street, San Francisco; F. H. Redewill, M. D., University of California Hospital, San Francisco.

2. *Rupture and Perforating Wounds of Urinary Bladder*—J. C. Negley, M. D., 809 Haas Building, 219 West Seventh Street, Los Angeles.

Age of patients, etiology, whether from trauma

or forces within the organ, diagnosis—clinical, subjective and objective signs, cystoscopy, radiography. Prognosis: Depends on rapidity of diagnosis and appropriate operative procedure. Most cases going over twenty-four hours have fatal prognosis. Also depends on location of rupture, whether extra or intra-peritoneal. Treatment: Generally operative, and these procedures along well-defined lines. Some illustrative cases.

Discussion opened by William E. Stevens, M. D., Flood Building, San Francisco; Lloyd R. Reynolds, M. D., 291 Geary Street, San Francisco.

3. *Spontaneous Rupture of a Hydronephrotic Sac Secondary to Ureteral Stone*—Charles P. Mathé, M. D., and George F. Oviedo, M. D., 844 Phelan Building, 760 Market Street, San Francisco.

Occurrence. Pathology. Case report. Review of the literature. Signs and symptoms. Diagnosis. Surgical treatment, with relief.

Discussion opened by J. C. Negley, M. D., 809-816 Haas Building, Los Angeles; E. W. Beach, M. D., Elks Building, Sacramento, California.

4. *The Diagnosis of Adrenal Tumors*—Thomas E. Gibson, M. D., 738 Flood Building, 870 Market Street, San Francisco.

Adrenal neoplasms are generally unsuspected and undiagnosed. Consideration of the normal and abnormal physiology of the adrenals, and the relation between adrenal physiology and clinical manifestations. It is usually easy to differentiate between cortical and medullary tumors, the former occurring chiefly in adults, the latter in infants and children.

Discussion opened by Adolph A. Kutzmann, M. D., 1052 West Sixth Street, Los Angeles; Miley B. Wesson, M. D., 1275 Flood Building, San Francisco.

5. *Ureteral Reflux*—James R. Dillon, M. D., 301 Medico-Dental Building, 490 Post Street, San Francisco.

Brief review of literature; report on experimental work to produce reflux in normal animals. Use of gravity reflux in pyelography, with catheters at various levels. Case reports. Conclusions.

Discussion opened by Louis Clive Jacobs, M. D., 462 Flood Building, San Francisco; S. P. Player, M. D., 380 Post Street, San Francisco.

TECHNICAL SPECIALTIES SECTION

RAY LYMAN WILBUR, Chairman,
Stanford University, Palo Alto.

JOHN C. WILSON, Secretary,
410 Medical Office Building, 1136 West Sixth Street,
Los Angeles.

California Association of Medical Social Workers

EDNA J. SHIRPSER, President,
Children's Hospital, San Francisco.

SOPHIE H. MERSING, Secretary,
Mount Zion Hospital, San Francisco.

FIRST MEETING

Rose Room, Hotel Oakland
Wednesday, April 28, 2:30 p. m.

1. President's and Secretary's Reports.
2. *Medical Social Service in Government Hospitals*—Miss Evelyn Z. Philps, Pacific Division American Red Cross, San Francisco.

Discussion—Major R. A. Davison, Letterman General Hospital, San Francisco.

3. *Work of the Cardiac Clinic*—Miss Sarah Robertson, Children's Hospital, Los Angeles.

4. *Advantages of Medical Social Service—Orthopedic Surgery*—Dr. George C. McChesney, Fitzhugh Building, San Francisco.

Discussion—Dr. Lionel D. Prince, Medico-Dental Building, San Francisco.

5. *Medical Social Worker and the Problem of Mankind*—Dr. Percy T. Magan, White Memorial Hospital, Los Angeles.

On What Financial Basis is Clinic Care Determined

Discussion led by Miss N. Florence Cummings, Stanford University Hospital, San Francisco; Dr.

William Dock, Stanford University Hospital; San Francisco; Dr. Fred Firestone, Mount Zion Hospital, San Francisco; Dr. Paul Castelhun, St. Luke's Hospital, San Francisco; Dr. Rudolph Dresel, Children's Hospital, San Francisco; Mrs. Ida T. Fleming, Children's Hospital, San Francisco; Mrs. Alice Keane, St. Luke's Hospital, San Francisco; Miss Josephine Abraham, Mount Zion Hospital, San Francisco; Miss Marcella Leonard, San Francisco Hospital, San Francisco.

6. Business Meeting.

Round-table luncheon preceding program at 12:30 p. m., Hotel Oakland.

California Association of Physiotherapists

MISS BUELAH RADER, President,
Marine Hospital, San Francisco.

MISS MABEL PENFIELD, Secretary,
560 Sutter Street, San Francisco.

West Room, Hotel Oakland,
Thursday, April 29, 2:30 to 5 p. m.

1. *President's Address*—Miss Buelah Rader, Marine Hospital, San Francisco.
2. Address by President of Technical Specialties Section.
3. Practical discussion of diathermy technique. Results, with case reports and x-rays. Bursitis, arthritis, back strains.
Discussion opened by Miss Hazel Furscott.
4. Quartz lamp technique, with case reports. Examples of unsuccessful results. Eczema, bone and gland tuberculosis, skin ulcers, rickets.
Discussion led by Miss Mabel Penfield.
5. *The Present Uncertain Status of the Physiotherapy Technician—Need for New Placement Bureau*—Miss Hilda Knazenberger, Hanneman Hospital, San Francisco.
6. Business Meeting.
7. Dinner.

ENTERTAINMENT

The Arrangements Committee for the Oakland meeting have planned a program of entertainment which all should enjoy.

On Monday, April 26, and Tuesday, April 27, there will be a golf tournament held at Sequoyah and Claremont Country Clubs, and this tournament will be conducted by the Northern California Medical Golfers' Association. Many trophies will be awarded at a dinner for the golfers, which will be held at the Claremont Country Club on Tuesday evening, April 27.

On Tuesday, April 27, the urologists of San Francisco and Oakland, under the auspices of the Western branch of the American Urological Association, will give a dinner and entertainment to visiting urologists at 6:30 p. m. at the St. Germain Restaurant, 60 Ellis Street, San Francisco.

On Wednesday afternoon there will be a reception at the home of Dr. Edward N. Ewer for the ladies.

Wednesday evening, April 28, there will be a dinner at the Hotel Oakland for optional medical defense.

Following the meeting of the House of Delegates on Wednesday evening there will be a smoker for the men. A musicale for the ladies will be held at the Hotel Oakland on the same evening.

On Thursday, April 29, in the afternoon, there will be a luncheon and cards at the Hotel Claremont for the ladies.

In the evening will be a dinner dance at the Hotel Oakland.

On Friday, April 30, at noon, there will be a luncheon at the Hotel Oakland for county officers and councilors.

In the afternoon the ladies will visit Orinda Country Club.

On Friday evening there will be a bridge tournament at the Hotel Oakland.

On Saturday, May 1, there will be a luncheon for the Program Committee.

Utah State Medical Association

T. C. GIBSON, M. D., Salt Lake City.....President
W. R. CALDERWOOD, M. D.....President-Elect
FRANK B. STEELE, M. D., Salt Lake.....Secretary

J. U. GIESY, M. D., Kearns Building, Salt Lake,
Associate Editor for Utah

**THE COUNCIL ON PHYSIOTHERAPY,
A. M. A.**

To one who has employed, and employed with success, at least several of the agencies which may correctly be included under the general heading of physiotherapy, it is refreshing to read the recent article by Morris Fishbein (Journal A. M. A.) on the work, aims, and scope of the Council on Physiotherapy, as well as to know that in the future the journal is to give some space to articles dealing with the possibilities of treatment by physiotherapeutic means.

No physician but must welcome the stand now being taken toward the establishment of a true field for the use of such means for the relief of certain conditions constantly met in our efforts to give suffering humanity relief.

Physiotherapy, like any newborn infant, has had a somewhat stormy infancy; but here at last it appears that we are at least on the threshold of getting on a definite footing with it. In other words, the child is beginning to walk and talk, and has, in a sense, cut its teeth.

But what we want mainly to see is the establishment of a true ethical basis for those men of sincere purpose who sincerely believe from experience that there is a real benefit to be derived from the use of such agencies in the treatment of certain maladies.

Electricity, for instance, in its various applications is no cure-all. Yet it will work positive changes when properly used. Like any other means of treatment, it should be understood by him who seeks to use it, both in its nature and its indicated application. In other words, electricity should and must be *prescribed* in an understanding fashion before it can be accredited by any scientific standards or justification of use.

None knows better than one who has seen the recent renewed interest in the subject how widely certain commercial agencies have overshot the mark in the claims they have made. Herein we are called upon to draw the line between science and the commercial boosting of trade. Selling-talks are naturally optimistic, and the salesmen of equipment houses are quite naturally required to be optimists, to use the very mildest word.

On the other hand, there is truth as a basis for some of their claims, as we know from our own experience; and now that the Council has been given official cachet to step in, we can welcome their activities as tending to winnow the wheat from the chaff and establish the accredited use of what is good, in contradistinction to the claims of salesmen, charlatans, and the cults.

For there is wheat among the chaff. The results